

MAR 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Marion
 Township Round Grove
 City Marion (No. 551)

Registration District No. 551
 Primary Registration District No. 5744

File No. 7236
 Registered No. 7236
 St. Marion Ward 1

2. FULL NAME

(a) Residence, No. 551 St. Marion Ward 1
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5 20 1919</u>		
7. AGE	YEARS	MONTHS
<u>17</u>	<u>9</u>	<u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co. Mo.</u>		
13. NAME <u>Milton Samuels</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co. Mo.</u>		
15. MAIDEN NAME <u>Rose Staut</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co. Mo.</u>		
17. INFORMANT <u>Milton Samuels</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Emerson Cem.</u> DATE <u>3/1/37</u>		
19. UNDERTAKER <u>B. M. Allen</u> (ADDRESS) <u>Philadelphia, Mo.</u>		
20. FILED <u>3 1</u> 19 <u>37</u> <u>J. H. Krebs</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27, 193722. I HEREBY CERTIFY, That I attended deceased from February 28, 1937 to February 26, 1937

I last saw him alive on February 26, 1937. Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

Convulsions

Date of onset
Feb.
25
1937

Other contributory causes of importance:

Soaked condition
bowels
N M O

Name of operation — Date of —What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —(Signed) J. H. Steinhilber, M.D.(Address) Salunga, Mo.

